

# STATE OF MAINE

## RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

### APPLICATION FOR LICENSURE

- LIMITED RADIOGRAPHER



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Email: [jennifer.l.mooney@maine.gov](mailto:jennifer.l.mooney@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine

## **APPLICATION INSTRUCTIONS FOR LICENSURE AS A LIMITED RADIOGRAPHER**

Enclosed are all relevant materials for licensure with the Radiologic Technology Board of Examiners. Please read all the information carefully.

All material pertaining to an application must be received by the Board within a span of no more than six months. Any application received which remains incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

### **ALL APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:**

Department of Professional & Financial Regulation  
Radiologic Technology Board of Examiners  
35 State House Station  
Augusta, ME 04333-0035

### **IF USING AN OVERNIGHT DELIVERY SERVICE, PLEASE USE THE FOLLOWING ADDRESS:**

Department of Professional & Financial Regulation  
Radiologic Technology Board of Examiners  
122 Northern Avenue  
Gardiner Annex  
Gardiner, ME 04345

## **LICENSURE AS A LIMITED RADIOGRAPHER**

Individuals who have successfully completed the Examination for the Limited Scope of Practice in Radiography are eligible to apply as a Limited Radiographer.

A completed application for licensure as a Limited Radiographer shall include the following:

- ☐ Completed and signed application;
- ☐ **Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment; and
  - \$50 Application Fee
  - \$50 License Fee
  - \$15 Criminal History Records Check
- ☐ Documentation of passage of the Limited Radiographer's examination.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Radiologic Technology Board of Examiners**  
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AUGUSTA, MAINE  
04333-0035  
OFFICE PHONE (207) 624-8626  
TTY/HEARING IMPAIRED (888) 577-6690

Office Use Only		
License #		
Cash #		
Check #		
4430	1423	\$50
4430	1446	\$50
4430	2619	\$15

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

## APPLICATION FOR LIMITED RADIOGRAPHER (1423)

**Categories (maximum of two):** ☐ Skull ☐ Spine ☐ Chest ☐ Extremities ☐ Podiatry

### Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

### Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

## **PART I** **(PLEASE TYPE OR PRINT CLEARLY IN INK)**

Name: \_\_\_\_\_  
First Middle Last Maiden

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box County

City/town State Zip code

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

## **CRIMINAL HISTORY RECORDS CHECK PROCEDURE**

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### **PART II**      **ARREST & CONVICTION INFORMATION**

Have you ever pled guilty to, pled no contest to, or been found guilty of any crime? YES\_\_\_\_\_NO\_\_\_\_\_

**If yes, please attach a separate sheet and describe in detail the crime(s) and submit a copy of the court judgement(s) as well as a letter from you explaining the circumstances surrounding your conviction.**

### **PART III**      **AGREEMENT**

I do hereby agree to abide by the Maine Laws and Regulations pertaining to licensure as a Limited Radiologic Technologist. I declare that all information appearing on this application is accurate and true to the best of my knowledge and belief.

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_



JOHN ELIAS BALDACCI  
GOVERNOR

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ANNE L. HEAD  
DIRECTOR



### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_ **Card number**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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